



Fulton County

Fulton County Medical Examiner

430 Pryor Street SW

Atlanta, GA 30312

404-613-4400

Medical Examiners

Jan Gorniak, DO

Karen Sullivan, MD

Michael Henninger, MD

Ryan McCormick, MD



Case Number 18-1800

Name (First) Antonio
(Last) May

Age, Race, Sex 032 B M

Cause of Death Sudden cardiovascular collapse
due to Probable excited delirium with physical restraint use
due to Acute methamphetamine intoxication OSC: Use of conducted

Other Conditions electrical device and exposure to oleoresin capsicum

Manner of Death UNDETERMINED
Complications of methamphetamine use with
physical restraint. CED use and OC exposure.

Medical Examiner(s) Ryan McCormick, MD

Procedure Autopsy Thursday, September 13, 2018
Ryan McCormick, MD

Signatures:

Print date:

12/18/2018

Referrals:



REPORT OF
THE MEDICAL EXAMINER

18-1800

ANTONIO DEVON MAY

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Examiner: Ryan D. McCormick, M.D.

HISTORICAL SUMMARY: Upon full inquiry based on all known facts, I find that the said Antonio Devon May came to his death officially on the 11th day of September, 2018 at Fulton County Jail, 901 Rice Street, Northwest, Fulton County, Georgia and was officially pronounced dead at 2354 hours by Investigator E. P. Sliz. There is information that on the afternoon of September 11, 2018, Mr. May became unresponsive while in restraints, after an interaction with correctional officers. Cardiopulmonary resuscitation was performed and 911 was called. Emergency Medical Services responded to the scene and confirmed the death. Mr. May has no known medical history. The Fulton County Medical Examiner's Office was notified and Investigator Sliz responded to the scene. Examination at the scene revealed puncture wounds of the extremities. First Call Removal was dispatched. This man was then transported to the Medical Examiner's office where an autopsy was performed.

FINDINGS AND DIAGNOSES:

- I. Sudden cardiovascular collapse.
- II. Probable excited delirium with physical restraint use.
- III. Acute methamphetamine intoxication; results per Georgia Bureau of Investigation.
 - a. Methamphetamine: 2.2 mg/L
 - b. Amphetamine: 0.15 mg/L
 - c. Negative for cocaine and cocaine metabolites.
- IV. Substance induced psychotic disorder, clinical anamnestic.
- V. Interaction with correctional officers.
 - a. Use of controlled electronic device.
 - b. Exposure to oleoresin capsicum.
 - c. Closed fist strikes, per Fulton County Jail Incident report.
- VI. Minor cutaneous abrasions, contusions, and soft tissue hemorrhages.
- VII. Cardiomegaly (410 grams).

CAUSE OF DEATH: Sudden cardiovascular collapse.

DUE TO: Probable excited delirium with physical restraint use.

DUE TO: Acute methamphetamine intoxication.

OTHER SIGNIFICANT CONDITIONS: Use of conducted electrical device and exposure to oleoresin capsicum.

MANNER OF DEATH: Undetermined.

OPINION: The classification of cause and manner of death in any case is based on a combination of autopsy findings and investigative information, including scene findings, circumstances, and history. Mr. Antonio Devon May is a 32 year old black male who died as the result of sudden

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cardiovascular collapse from probable excited delirium with physical restraint use, while under the influence of methamphetamine. Shortly before his death, Mr. May was involved in an interaction with correctional officers involving the use of a conducted electrical device and exposure to oleoresin capsicum (pepper spray). The role that these "less-lethal" weapons had in Mr. Mays' death is unclear. As a result, the manner of death is undetermined.



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Under the provisions of the Georgia Death Investigation Act, an autopsy is performed upon the deceased body later identified as Antonio May at the Fulton County Medical Examiner's Center on September 13, 2018. The autopsy is performed by Ryan D. McCormick, M.D., and begins at approximately 0934 hours. Assistant District Attorney Ramses Frangie, Investigator Christie Alexander, and Georgia Bureau of Investigation Investigator Rhiannon Morgan are present during the autopsy.

EXTERNAL EXAMINATION: The body is that of a well-developed, well-nourished, adult black man, compatible with the reported age of 32 years. The body measures 70 inches in length and weighs 168 pounds. Rigor mortis is fleeting. Lividity is posteriorly distributed and is fixed. The skin temperature is cold.

The scalp is covered with short, tightly curled black hair in a normal distribution. A black mustache and beard are on the face. The corneas are glazed, and the irides appear brown. Tache noire is present. There is no icterus. The pupils are round, equal, and symmetrical. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxilla are palpably stable. The teeth are natural and in an average state of repair.

The neck is straight and the trachea is midline. The chest is symmetrical. The abdomen is scaphoid. The distribution of the pubic hair is normal. A 1/4 x 1/8 inch red-pink with central pale, tan-white erosion is on the lower pelvis, near the right groin. The external genitalia are not remarkable, and there are no external lesions. The testes are descended. The back, buttocks, and anus are unremarkable.

The hands are covered in white, draw string bags. Upon removal of the bags, the upper and lower extremities appear normal, and the joints are not deformed. All digits are present. The skin is of normal texture and presents no significant lesions.

CLOTHING: The body is clad in blue pants.

IDENTIFYING MARKS:

Scars and markings:

1. 1/4 x 1/8 inch hyperpigmented macule, right upper quadrant of the abdomen.
2. 1/4 inch linear scar, right posterior forearm.
3. 3/4 inch linear scar, anterior right wrist.
4. 1-1/4 inch keloid, anterior right wrist.
5. 1/4 inch scar, medial left elbow.
6. 3/4 inch linear scar, right leg.

Tattoos:

1. 4-1/2 x 3 inch heart with text, upper right side of chest.



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2. 3-1/2 x 3 inch "218", right side of upper back.
3. 4-1/2 x 3-1/4 inch text with flames, right deltoid.
4. 3-1/2 x 3-1/2 inch Converse All-Star symbol, right upper arm.
5. 5 x 1-1/2 inch "Blood", right upper arm.
6. 2-1/2 x 1 inch "031", posterior right upper arm.
7. 7-1/4 x 1-1/2 inch text, right forearm.
8. 4 x 3 inch "93%", left shoulder.
9. 4-3/4 x 4 inch pattern, left shoulder.
10. 7-7/8 x 2 inch "Blood Out", proximal left forearm.
11. 6-1/2 x 2 inch faint, nondescript pattern, left forearm.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY:

1. Endotracheal tube and collar.
2. Four electrocardiogram pads, torso.
3. Two defibrillator pads, torso.
4. Tape with therapeutic venipuncture site, right proximal forearm.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:

- ✓ 1. Hyperemia of the conjunctivae, consistent with exposure to oleoresin capsicum spray.
- ✓ 2. 1/16 inch round, puncture wound, inferior right chest in midclavicular line.
- ✓ 3. 1/16 to 3/4 inch linear, dry abrasions, lateral upper and mid left side of chest.
- ✓ 4. Intercostal muscle hemorrhages:
 - a. Right 1st and 3rd.
 - b. Left 3rd and 4th.
- ✓ 5. 3/4 x 1/2 inch contused abrasion, lateral upper right side of back, near axilla.
- ✓ 6. 1/8 x 1/8 inch blackened abrasion with central puncture, lateral right side of lower back just above the right buttock.
- ✓ 7. 4-1/2 x 2-1/2 inch contusion with underlying focal hemorrhage of the trapezius muscle, upper left side of back.
- ✓ 8. 1/4 x 1/8 inch contusion, right medial bicep.
- ✓ 9. 1/8 inch to 1/4 inch abrasions, right elbow.
- ✓ 10. 1/8 x 1/8 inch contusion with possible puncture, anterior proximal right forearm.
- ✓ 11. 1/8 inch abrasion, medial right wrist.
- ✓ 12. Four-to-five abrasions comprising a rectangular, 2 x 1-1/2-inch area on the left upper arm. The abrasions range in size from 1/16 to 1/4 inch, appear linearly arranged. Measurements between individual abrasions range from 1/4 inch to 2 inches in length.
- ✓ 13. 1/16 inch abrasion, lateral distal left upper arm.
- ✓ 14. Soft tissue hemorrhage, proximal posterior left forearm.
- ✓ 15. 3/4 inch abrasion, lateral left wrist.
- ✓ 16. 1/16 inch possible puncture wound, anterior right thigh.
- ✓ 17. 3/4 x 1/2 inch dried abrasion, medial right knee.



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18. 1/16 to 1/8 inch abrasions, right ankle.
19. 1 x 1/2 inch purple-red contusion, medial right ankle.
20. 4-1/2 x 1-1/2 inch dry abrasion complex, left knee.
21. 2 x 2 inch purple-red contusion, medial left ankle.

These injuries, having been described once, will not be repeated.

INTERNAL EXAMINATION: The body is opened by means of the usual "Y" and biparietal incisions. The normal relationships among trachea, lungs and mediastinum are preserved. The lungs are normally expanded; the parietal pleural surfaces are smooth, glistening, transparent, and without adhesions. The diaphragm is within normal limits. The peritoneum is smooth, glistening, transparent, and without adhesions. All viscera are in their proper relationship and no abnormal masses are seen or palpated.

BODY CAVITIES: The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities.

Heart – 410 grams
Right lung – 1240 grams
Left lung – 1070 grams
Spleen – 140 grams
Liver – 1680 grams
Right kidney – 170 grams
Left kidney – 150 grams
Brain – 1250 grams

NECK: The neck organs are examined in situ. The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined with intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

HEAD AND CENTRAL NERVOUS SYSTEM: The scalp shows no evidence of contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The cerebrum presents with normal convolutions, with no flattening of the gyri or deepening or widening of the sulci. There is no evidence of subfalcial, uncal, or cerebellar tonsillar herniation present. The major cerebral arteries show no significant atherosclerosis or congenital anomalies. The roots of the cranial nerves are unremarkable. Serial coronal sections through the cerebral hemispheres show a grossly normal cortical ribbon and underlying white matter. The basal ganglia and diencephalon show no gross abnormalities. Serial cross sections through the brainstem and sagittal sections through the



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cerebellum fail to show any gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. After removal of the brain, the base of the skull does not demonstrate any fractures.

Serial cross sections through a small portion of the cervical spinal cord show no gross abnormalities.

CARDIOVASCULAR SYSTEM: The heart is contained in an unremarkable pericardial sac. The epicardium is smooth and glistening. There is a normal amount of epicardial fat and its distribution is normal. The coronary arteries have a normal anatomic distribution, and multiple cross sections show no significant narrowing of lumina and no evidence of thrombosis. The great vessels enter and leave the heart in a normal manner. The cardiac chambers have a normal configuration. The septa are intact, and there are no congenital abnormalities. The myocardium is of normal consistency and appearance. The left and right ventricles are 1.0 centimeters and 0.3 centimeters thick, respectively. The endocardium is smooth and glistening. The heart valves are thin, pliable, and delicate, and are free of deformity.

The aorta gives rise to three intact and patent arch vessels. Its principal branches are patent throughout. There are no thrombi, areas of erosion, or zones of significant narrowing present. The renal and mesenteric vessels are unremarkable.

The superior and inferior venae cavae and their major tributaries are patent throughout. No significant areas of extrinsic or intrinsic stenosis are present.

RESPIRATORY SYSTEM: The major bronchi have a normal caliber and are free of obstruction. The visceral pleurae are smooth, glistening, and transparent. Both lungs have normal lobulations; they are gray-pink and mottled with black pigment. On palpation, they are uniformly subcrepitant with no areas of consolidation. The pulmonary parenchyma is severely edematous and congested. The pulmonary vascular tree is free of thromboemboli.

HEPATOBIILIARY SYSTEM:

Liver: The liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested with the usual lobular architecture. No mass lesions or other abnormalities are seen.

Gallbladder: The gallbladder is of normal size and configuration. The wall is thin and the mucosal surface is green and velvety. The gallbladder contains approximately 20 milliliters of green-black bile. No calculi are present. The extrahepatic biliary tree is patent.



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RETICULOENDOTHELIAL SYSTEM: The spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and is of normal consistency and appearance. No abnormal lymph nodes are encountered. Bone marrow, where exposed by the autopsy procedure, is unremarkable.

ENDOCRINE SYSTEM:

Pancreas: The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

Adrenals: The right and left adrenal glands are symmetric, with bright yellow cortices and gray medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

Kidneys: The renal capsules strip with ease revealing smooth, glistening, pink-red surfaces. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The medullae are unremarkable. The pelvo-calyceal systems are normal in appearance. The ureters are normal in course and caliber.

Bladder: The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. The muscular layer of the bladder wall is of normal thickness. It contains approximately 100 milliliters of urine.

Prostate and seminal vesicles: The prostate is normal in size, with spongy, yellow-tan parenchyma. The seminal vesicles are unremarkable.

Testes: The testes are free of mass lesions, contusions, or other abnormalities.

DIGESTIVE SYSTEM: The esophagus is patent and lined with smooth, gray-white mucosa. The stomach has a normal configuration. The serosa is smooth and glistening. The wall is of normal thickness and the mucosa is thrown into rugal folds. There are no areas of ulceration. The stomach contains approximately 20 milliliters of red-brown, granular, viscous gastric fluid. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and is unremarkable.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton shows no abnormalities.

ADDITIONAL PROCEDURES:

- Documentary digital photographs are taken at the time of postmortem examination.
- Peripheral blood and urine are sent to the Georgia Bureau of Investigation for toxicology.
- Vitreous fluid is sent to Grady Memorial Hospital for beta-hydroxybutyrate and vitreous chemistry analysis. Results are reported separately.
- Back and neck dissection performed.



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- Tissue samples have been processed into glass slides for microscopic examination.
- A stock jar is retained in this facility for future studies, if indicated.

MICROSCOPIC EXAMINATION:

Heart: Focal interstitial fibrosis of the right ventricle. Scattered myocyte hypertrophy by nuclear features is present.

Lungs: Congestion with focal pink, intra-alveolar material consistent with possible food.


Kidneys: Unremarkable.

Liver: Unremarkable.

Brain: Unremarkable.


Cassette summary:

- A. Heart.
- B. Right lung.
- C. Left lung.
- D. Kidney and liver.
- E. Brain.



Ryan D. McCormick, M.D.
Associate Medical Examiner

20 Dec 2018
Date Signed

Reviewed by:


Jan M. Gorniak, D.O.
Chief Medical Examiner

21 Dec 18
Date


Karen E. Sullivan, M.D.
Deputy Chief Medical Examiner

20 Dec 2018
Date



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Michael M. Heninger
Michael M. Heninger, M.D.
Associate Medical Examiner

20 Dec 2018
Date

RDM/lsr

Dictated: 09/13/18
Transcribed: 09/20/18
Finalized: 12/17/18

do hereby certify this document to be a
true and correct copy of the record on file
in the Fulton County Medical Board's
Office.



John M. Olson
Secretary of Records



Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Kathryn P. Lee
 Deputy Director

ASCLD/LAB-International
 Accredited Testing Laboratory

Headquarters

DOFS Case #: 2018-1025715

Report Date: 10/29/2018



Requested Service: Toxicology - Postmortem

Agency: Fulton Co. Medical Examiner

Agency Ref#: 181800

Requested by: artemus barnes

Rmc

Case Individuals:

Victim: Antonio May

Evidence:

On 09/19/2018, the laboratory received the following evidence from the Fulton Co. Medical Examiner via Lockbox.

2018-1025715-001	Sealed plastic bag(s) containing the following items identified as collected from Antonio May
2018-1025715-001A	Two tubes containing peripheral blood
2018-1025715-001B	One bottle(s) containing urine
2018-1025715-001C	One tube(s) containing blood

Results and Conclusions:

Drug Screen Results by: Immunoassay

Subm#:	Drug Screen Classification	Result
001A	blood-barbiturates	Negative
	blood-cannabinoids (marijuana)	Negative
	blood-certain benzodiazepines	Negative
	blood-cocaine/cocaine metabolites	Negative
	blood-common opioids	Negative

Drug Confirmation Results

Submission 001A

- 1) Positive, amphetamine, 0.15 mg/L (+/- 0.04 mg/L) {GC/MS, LC/MS/MS}
- 2) Positive, methamphetamine, 2.2 mg/L (+/- 0.6 mg/L) {GC/MS, LC/MS/MS}
- 3) Negative for: {GC/MS, LC/MS/MS}
cocaine and cocaine metabolites

Abbreviations:

GC/MS = Gas chromatography/Mass Spectrometry

LC/MS/MS = Liquid Chromatography/Mass Spectrometry/Mass Spectrometry

Measurement Uncertainty:

Estimations of measurement uncertainty for all toxicology quantitations are reported at a coverage probability of 95.45%.

Only those items discussed in the results above were analyzed for this report. The above represents the interpretations/opinions of the undersigned analyst. Evidence analyzed in this report will be returned to the submitting agency. Biological evidence (body fluids and tissues) will be destroyed after one year. This report may not be reproduced except in full without written permission of the laboratory.

Technical notes and data supporting the conclusions and findings in this report are maintained within the laboratory case records.

[Signature]

This case may contain evidence that must be preserved in accordance with O.C.G.A. § 17-5-56.

Jessica M Mehan

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Related Agencies:

Atlanta Judicial Circuit
Fulton Co. District Attorney
GBI-Reg. 10-Conyers

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End of Official Report